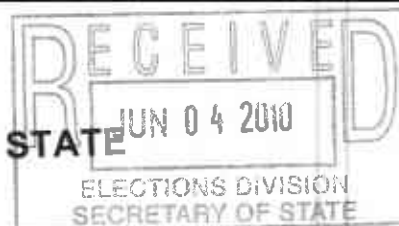


OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION
FOR A POLITICAL COMMITTEE

1. Name of committee COMMITTEE to ELECT TOM ROSS as CHANCELLOR JUDGE

2. Address of committee POB 1388

City, State, Zip CLARKSDALE MS 38614 Email JCOLKE@MERKEL-COCKE.COM

Phone 662-627-9641 FAX 662-627-3592

Contact Person JOHN COCKE Phone 662 627-9641 Email SAME↑

Contact Full Address SAME↑

3. Is the committee registered with the Federal Election Commission (FEC)? ☒ Yes ☐ No
FEC Identification Number _____

4. If the committee is authorized by a candidate:
Name of Candidate TOM ROSS
Address POB 1196
Office sought CHANCELLOR JUDGE Party NON

5. Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations:
RAISE CONTRIBUTION FOR JUDICIAL ELECTION

6. Names and addresses of all officers: (attach separate sheet if necessary)

| | | |
|----|---|---------------------------|
| A. | Name <u>JOHN COCKE</u> | Office <u>CHAIR/TREAS</u> |
| | Address <u>POB 1388 CLARKSDALE MS 38614</u> | |
| B. | Name _____ | Office _____ |
| | Address _____ | |
| C. | Name _____ | Office _____ |
| | Address _____ | |
| D. | Name _____ | Office _____ |
| | Address _____ | |

7. Director _____ (Type Name) _____ (Signature) _____ (Date)

8. Treasurer JOHN COCKE [Signature] 5-29-10
(Type Name) (Signature) (Date)

Send To:

1. Political Committees associated with statewide or multi-county elections should return the form to:
Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.
2. Political Committees associated with single county elections should return this form to their
County Circuit Clerk.
3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.